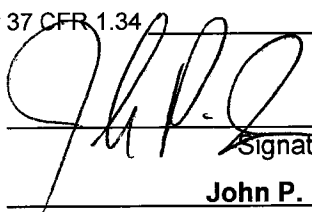


PE	ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (fe pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))			Docket Number 49931-0085
In re Application	Orhun K. MURATOGLU et al.			
Application Number	10/757,551	Filed	January 15, 2004	
For	METHODS FOR MAKING OXIDATION RESISTANT POLYMERIC MATERIAL			
Art Unit	1732	Examiner	M. Daniels	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):				
		Large Entity Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ 120	\$ 60	\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ 460	\$ 230	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ 1050	\$ 525	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ 1640	\$ 820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ 2230	\$ 1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3840</u> . I have enclosed a duplicate copy of this sheet.				
I am the _____] applicant/inventor.				
_____] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
_____] attorney or agent of record. Registration Number: <u>33,715</u>				
_____] attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
_____ <u>July 12, 2008</u>		_____ 		
_____ Date		_____ Signature		
_____ <u>(202) 416-6800</u>		_____ John P. Isacson		
_____ Telephone Number		_____ Typed or printed name		
_____ <u>Customer No. 61263</u>		_____		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.